

Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co-Insurance	# of Accts
Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 2,931,654.94	\$ 893,707.08	\$ 611,628.81	\$ 243,896.51	\$ 38,181.76	30
U&C	\$ 20,300.85	\$ 20,300.85	\$ 18,261.86	\$ 1,429.96	\$ 609.03	1

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 14,788.86		GEICO			\$ -	\$ 90,685.57	\$ 27,205.67	\$ 12,416.81	Blank
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 1,294.85		AXIOM SYSTEMS			\$ 554.87	\$ 17,275.60	\$ 5,182.68	\$ 3,332.96	Blank
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 5,341.25		AQUILENT INC			\$ 1,960.54	\$ 49,013.38	\$ 14,704.01	\$ 7,402.23	Blank
East Houston					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 3,240.29		GEICO			\$ 786.07	\$ 19,651.84	\$ 5,895.55	\$ 1,869.19	Blank
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 613.10		GEICO			\$ 662.76	\$ 17,309.32	\$ 5,192.80	\$ 3,916.94	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 313.53		CANNOT DISCLOSE			\$ 1,092.44	\$ 17,373.86	\$ 5,212.16	\$ 3,806.19	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 1,015.94		HUBLY COUNTY ACCO			\$ 912.33	\$ 22,808.16	\$ 6,842.45	\$ 4,914.18	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 13,827.74		GEICO			\$ 3,064.03	\$ 175,743.04	\$ 52,722.91	\$ 35,831.14	Other
Plano		REDACTED			Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 3,545.68	REDACTED	GEICO		REDACTED	\$ -	\$ 35,181.89	\$ 10,554.57	\$ 7,008.89	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 9,914.78		CANNOT DISCLOSE			\$ 1,885.11	\$ 93,927.97	\$ 28,178.39	\$ 16,378.50	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 45,865.51		ALARM SECURITY GR			\$ 235.42	\$ 360,156.03	\$ 108,046.81	\$ 61,945.88	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 3,047.76		UNITY SYSTEMS INC			\$ 761.85	\$ 28,136.60	\$ 8,440.98	\$ 4,631.37	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 29,105.67		GEICO			\$ 3,784.74	\$ 210,759.11	\$ 63,227.73	\$ 30,337.32	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 5,210.03		GEICO			\$ -	\$ 28,564.58	\$ 8,569.37	\$ 3,359.34	Other
Plano		REDACTED			Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 15,619.73	REDACTED	ALARM SECURITY GR		REDACTED	\$ 678.04	\$ 83,560.23	\$ 25,068.07	\$ 8,770.30	Other
Plano					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 5,374.75		VERTICLE MARKET S			\$ 1,343.64	\$ 31,674.09	\$ 9,502.23	\$ 2,783.84	Other
Mid-Cities					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 1,734.64		GEICO			\$ -	\$ 19,904.28	\$ 5,971.28	\$ 4,236.64	Other
Mid-Cities					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 5,588.34		GEICO			\$ 2,795.02	\$ 66,945.27	\$ 20,083.58	\$ 11,700.22	Other
Mid-Cities					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 10,473.07		GEICO			\$ 1,326.82	\$ 88,845.76	\$ 26,653.73	\$ 14,853.84	Other

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Landmark		REDACTED			Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 8,896.54	REDACTED	CONVERGENT SOLUT			\$ 279.77	\$ 578,224.33	\$ 173,467.30	\$ 164,290.99	Other
Landmark					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ -		CR ASSOCIATES INC			\$ 316.59	\$ 10,553.00	\$ 3,165.90	\$ 2,849.31	Other
Landmark					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 1,014.65		CR ASSOCIATES INC			\$ 300.31	\$ 10,010.20	\$ 3,003.06	\$ 1,688.10	Other
Landmark					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 8,723.62		CONVERGENT SOLUT			\$ 1,234.93	\$ 69,122.35	\$ 20,736.71	\$ 10,778.16	Other
Landmark					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 1,394.89		CONVERGENT SOLUT			\$ 348.66	\$ 10,383.92	\$ 3,115.18	\$ 1,371.63	Other
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 16,732.93		CR ASSOCIATES INC			\$ 3,500.00	\$ 407,350.50	\$ 122,205.15	\$ 101,972.22	Other
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 5,513.58		JB MGMNT INC			\$ 1,626.51	\$ 98,837.72	\$ 29,651.32	\$ 22,511.23	Other
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 5,207.37		454136346/W			\$ 1,780.30	\$ 59,343.33	\$ 17,803.00	\$ 10,815.33	Other
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 14,769.35		NAVMAR APPLIED SC			\$ 3,500.00	\$ 127,649.18	\$ 38,294.75	\$ 20,025.40	Other
East Houston					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 1,429.96		GEICO			\$ 609.03	\$ 20,300.85	\$ 20,300.85	\$ 18,261.86	U&C
Innova / Southcro					Group Hospitalization and Medical Services, Inc. d/b/a CareFirst Blue Cross Blue Shield	\$ 4,298.10		AXIOM SYSTEMS			\$ 2,841.99	\$ 82,362.98	\$ 24,708.89	\$ 17,568.80	Unknown